,8:05 am - jos 242854 242855 STATE OF SOUTH CAROLINA BEFORE THE (Caption of Case) **PUBLIC SERVICE COMMISSION** Example: Application for a Class C Charter Certificate from OF SOUTH CAROLINA John Doe dba Doe's Limo reicenspaul wor tasupas TRANSPORTATION COVER SHEET RECEIVED 2011 - 509-1 DOCKET NUMBER: 2013- 109-T APR 1 1 2013 If this is your first time filing an application with the PSC, you will not TRANS DEPT have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. (Please type or print) Submitted by: Telephone: USH3) 504-9394 Address: Other: Email: NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply) Application - Class C Taxi Request to Amend Scope of Authority Application - Class C Charter Request to Amend Tariff (rate increase, etc.) Application - Class C Charter Bus Request to Amend Passenger Limit Application - Class C Non-Emergency Request Application - Class E Household Goods Exhibit Application - Class E Hazardous Waste Late-Filed Exhibit Application Letter Request for Extension to Comply with Order Proposed Order Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded Publisher's Affidavit Request for Cancellation of Certificate Reservation Letter Request for Suspension Response Request for Reinstatement Return to Petition

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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Other:

Request for Name Change on Certificate

REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

File the original with:		Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649	IVED	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900
Columbia, S.C. 29211 (803) 896 – 5100 APR 1	1 2013	Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
TRANS DEPT		
DATE: 44/11/13		
Please consider this as my Request for Suspension	nf.	
	л.	RECEIVI APRII 2013
Class C Taxi Certificate Number	-	AN ACETY.
Class C Charter Certificate Number 8616		APR.
Class C Charter Bus Certificate Number	· 	2013
Non-Emergency Certificate Number		OLEFIK'S OFFICE
Class E Household Goods Certificate Number		J'FICE
Class E Hazardous Wastes Certificate Number		
I request that my certificate be suspended until	43	
Date: (XX/XX/XXXX)		
(Name of Company)	(if app	licable)
(Street and or Mailing Address)	City, State, Zip Co	<u> </u>
(Telephone Number) Ooal Muscle (Signature and Title, i.e., President, Owner)		
Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.		
Reason for Request for Suspension of Operations:		
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processing good land of		

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